


DR DEAN		PRIORITY <input type="checkbox"/>
PATIENT	Michelle Cooper AGE	
CALLER		
TELEPHONE	302-695-0858	
REFERRED TO		
CHART #	Spoke pt. -> out 8/19-9/6/02	
CHART ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO ret. 9/9/02	
DATE	TIME	REC'D BY
8/15/02	9:15	BB
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TELEPHONE RECORD 		
MESSAGE pt would like note stating her back hurts in work. and would like to be out for 3 weeks.		
TEMP	ALLERGIES	
RESPONSE	OK, give mats for 3 weeks out for: Degenerative Disc & radiculopathy	
PHY/RN INITIALS	DATE	TIME
	8/16/02	11:55
HANDLED BY		
JPM		

UNDERWOOD-MEMORIAL HOSPITAL
Family Health Center
34 Colson Lane
Mullica Hill, NJ 08062
(609) 223-0500

Certificate For Return To School or Work

Michelle Cooper has been under my
care from 8/19/02 to 9/6/02 and is
able to return to school/work on 9/9/02

Remarks/Restrictions:

Dr: Degenerative Disc & radiculopathy

Signature Dr. Nancy Bierman M.D.
Bierman

EXHIBIT

0-8

3-10-05

JPM

EXHIBIT 2